

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000044492

**FILED**  
**Dec 03, 2013**  
**Secretary of State**

**Entity Name:** EROSION CONTROL SPECIALIST INC.

**Current Principal Place of Business:**

1120 LOUISIANA AVE  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

1120 LOUISIANA AVE  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 35-2412365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, TIFFANY  
1120 LOUISIANA AVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

WHITE, TIFFANY R  
1120 LOUISIANA AVE  
LYNN HAVEN, FL 32444 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIFFANY WHITE

12/03/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WHITE, TIFFANY  
Address: 1120 LOUISIANA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: DIR  
Name: WHITE, TIFFANY  
Address: 1120 LOUISIANA AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: DIR  
Name: WHITE, DAVID  
Address: 12208 VEAL RD.  
City-St-Zip: PANAMA CITY, FL 32404 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIFFANY WHITE

PRES

12/03/2013

Electronic Signature of Signing Officer or Director

Date